

**Texas Board of Nursing  
1801 Congress Avenue, Suite 10-200 Austin, TX 78701**

**APPLICATION FOR TEXAS APRN LICENSURE (PART II)**

**THIS FORM IS FOR ELECTRONIC/EMAIL SUBMISSION ONLY**

The director of the program or designated official (only if the program is permanently closed) must complete this section after the graduate's program completion date and indicate information regarding the applicant's advanced practice nursing education program of study. All blanks of this section must be completed in their entirety. **Note:** The "completion date" is the date when the program/program director deems the student to have finished, met all the requirements of the program, and exited the program. This may not necessarily be the same as the formal date of graduation.

**Please read the following carefully:**

The Affidavit section of this form must contain the signature of the program director (or designated program official if the program is permanently closed), however, an electronic signature ("e-signature"), the program official's signature stamp, or scanned signature is acceptable.

The program must email the completed, signed form directly to [aprn@bon.texas.gov](mailto:aprn@bon.texas.gov) from an official academic institution email address.

- The APRN Department will reject electronically submitted Part II forms that cannot be authenticated due to completion by or submission from an unverified source (such as a personal email account). The only method of electronic submission is via email.

**VERIFICATION OF COMPLETION OF AN EDUCATION PROGRAM IN AN APRN ROLE**

1. Name of Graduate: \_\_\_\_\_  
First Name M.I. Last Name
2. Advanced Role and Population Focus for which the APRN was educated: \_\_\_\_\_
3. Name of University/Institution: \_\_\_\_\_ Location of Program: \_\_\_\_\_  
(city, state)
4. Type of Program \_\_\_\_\_  
(select only one) Certificate\* Master's Post-Master's Certificate\* Doctor of Nursing Practice  
\*A certificate program is **not** the same as a post-master's certificate program.
5. Program Completion Date (MM/YYYY or MM/DD/YYYY): \_\_\_\_\_
6. Length of Didactic (credit or clock hours) \_\_\_\_\_ Length of Clinical Hours (clock hours only) \_\_\_\_\_  
Include only clinical hours completed for academic credit from the institution identified in #3. **Do not** include clinical hours for which transfer credit or credit by exam was awarded.
7. **At the time the applicant completed the program, the program was accredited by (select only one):**

<input type="checkbox"/> Accreditation Commission for Midwifery Education	<input type="checkbox"/> Accreditation Commission for Education in Nursing
<input type="checkbox"/> Council on Accreditation of Nurse Anesthesia Education Programs	<input type="checkbox"/> National Association of Nurse Practitioners in Women's Health
<input type="checkbox"/> Commission on Collegiate Nursing Education	<input type="checkbox"/> Texas Board of Nursing
<input type="checkbox"/> Other (please specify) _____	
8. Please indicate the course number(s) in which the applicant completed the following content:  
Advanced Assessment \_\_\_\_\_ Advanced Pharmacology \_\_\_\_\_  
Advanced Physiology and Pathophysiology \_\_\_\_\_ Role Preparation \_\_\_\_\_

**AFFIDAVIT**

I, (print director's name) \_\_\_\_\_, hereby certify that the above statement of information is true and correct and that the applicant named above has met all requirements for completion of the advanced practice nursing education program for which I am the program director or authorized designated official. I understand I am accountable and responsible for the information contained herein.

Director's Signature \_\_\_\_\_ Title/Position: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_



**CONSENT TO RELEASE INFORMATION— APPLICATION FOR TEXAS APRN LICENSURE (PART II)**

Applicant must complete and sign this Consent form and forward bot pages 1 and 2 of the Part II of the APRN Application to the program director or designated official (only if the program is permanently closed) authorized to certify that the individual has completed an advanced practice nursing education program of study congruent with the role and population focus title for which the applicant seeks licensure in Texas.

I, (print name) \_\_\_\_\_, have applied to the Texas Board of Nursing for licensure as an Advanced Practice Registered Nurse using the title \_\_\_\_\_. After I have completed all requirements of the program of study, please complete the information on the verification of completion form and forward the signed form directly to the Texas Board of Nursing, 1801 Congress Avenue, Suite 10–200, Austin, TX 78701. I grant permission for Texas Board of Nursing staff to discuss my education directly with representatives of the advanced practice nursing education program.

Student ID/SSN \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**INFORMATION FOR THE PROGRAM DIRECTOR**

APRN licensure in the state of Texas is granted based upon formal education in a specific advanced practice role and population focus area. ALL applicants, including those seeking licensure by endorsement, must demonstrate that they have met the education requirements for licensure. The curricular requirements for licensure are set forth in 22 Tex. Admin. Code, Ch. 221.

**SELECTED OPERATIONAL DEFINITIONS**

1.	<b>Advanced health assessment</b> —A course that offers content supported by related clinical experience such that students gain the knowledge and skills needed to perform comprehensive assessments to acquire data, make diagnoses of health status, and formulate effective clinical management plans. Content must include assessment of all human systems, advanced assessment techniques, concepts, and approaches.
2.	<b>Advanced Pharmacology</b> —A course that offers content in pharmacokinetics and pharmacodynamics, pharmacotherapeutics of all broad categories of agents, and the application of drug therapy to the treatment of disease and/or the promotion of health.
3.	<b>Advanced Physiology and Pathophysiology</b> —A comprehensive, system-focused pathology course that provides students with the knowledge and skills to analyze the relationship between normal physiology and pathological phenomena produced by altered states across the life span.
4.	<b>Role Preparation</b> —Formal didactic content and clinical experiences/content that prepare nurses to function in an APRN role.
5.	<b>Clinical Learning Experiences</b> —An opportunity for students to apply knowledge by managing patient/client care in a healthcare setting. Clinical learning experiences are planned and monitored by either a designated faculty member or qualified preceptor.
6.	<b>Practicum/Preceptorship/Internship</b> —A designated portion of a formal educational program that is offered in a healthcare setting and affords students the opportunity to integrate theory and role in both the clinical specialty/practice area and advanced nursing practice through direct patient care/client management. Practicums, preceptorships, and internships are planned and monitored by either a designated faculty member or qualified preceptor.

**SELECTED OPERATIONAL DEFINITIONS**

A program designed to prepare APRNs for advanced practice roles shall include the following:

1. **Separate, dedicated, graduate level courses** in Advanced health assessment, Advanced pharmacotherapeutics, and Advanced physiology and pathophysiology (integrated content, including content integrated in medical management courses, is NOT accepted in lieu of separate courses in these content areas);
2. A minimum program length of one academic year that includes a formal preceptorship
3. Diagnosis and management of diseases and conditions
4. Evidence of theoretical and clinical role preparation;
5. Evidence of clinical major courses in the population focus area;
6. Evidence of a practicum/preceptorship/internship to integrate clinical experiences as reflected in essential content and the clinical major courses; and
7. Faculty prepared in appropriate roles and population focus areas.

**NOTE:** APRN applicants who completed their programs on or after January 1, 2003 shall demonstrate completion of a minimum of 500 unduplicated clinical clock hours in each advanced role and population for which they have applied within their advanced educational programs.